

① Manifest Number **015-001828**

SFUND RECORDS CTR
999000326

GENERATOR	(Generator Must Complete)
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③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

② Name PLUMMER CO OF AMERICA OPERATING INC
EPA NO. CAD074126481 EPA NO. CAD050012024
Address 5151 ALCOA BLVD Phone No. 566-114 Address 100 POTTERO GRADIE
City, State, Zip PERU IN 90058 City, State, Zip MONTREY IN 4616

Name RETURN
EPA NO.

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Address _____
City, State, Zip _____

5	U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
	WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
	WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
						<input type="checkbox"/> OTHER _____

(6) WASTE CATEGORY 17 (7) EX. HAZ. WASTE PERMIT NO. _____ (8) GENERATING PROCESS _____

LIST COMPONENTS:

**CONC.
UPPER**

**RANGE
LOWER**

UNITS

CONC.
UPPER

**RANGE
LOWER**

UNITS

9. A. _____ ☐ % ☐ ppm. E. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm. F. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm. G. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm. Non Hazardous Material 100 %

(10) WASTE PROPERTIES: pH 2 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

(11) PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other FLUORINUM OXIDES + WATER

(12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

**IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802**

(13) _____
Signature of Authorized Agent and Title

2-13-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME ASBURY OIL CO.
 EPA NO. CAD028277036
 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
 CITY, STATE, ZIP Gardena, California 90249

(15) PICK-UP DATE 2-15-81

TIME: 7:30 ☐ AM ☒ PM

Signature of Authorized Agent and Title

2-13-81
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

(17) NAME OPERATING TRUCK 18 QUANTITY (If Measured) 100 BALLETS
 EPA NO.

C	A	T	O	8	0	2	1	2	0	2	4
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 19 STATE FEE (If Any) _____
 PHONE NO. _____

(21) HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify) _____

☐ Recovery or Reuse ☐ Storage/Transfer

(20) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

[illegible]

Signature of Authorized Agent and Title

Date Accepted